



ΕΛΛΗΝΙΚΟ ΣΧΟΛΕΙΟ ΚΑΘΕΔΡΙΚΟΥ ΝΑΟΥ ΒΟΣΤΩΝΗΣ

ANNUNCIATION CATHEDRAL GREEK SCHOOL

PRE-REGISTRATION FORM FOR ACADEMIC YEAR 2019 – 2020

STUDENT/S INFORMATION

Friday classes: _____ **Saturday Classes:** _____

Student's Name: (First) _____ **(Last)** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____ **(Last year in Greek School)**

Student's Name: (First) _____ **(Last)** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____ **(Last year in Greek School)**

Student's Name: (First) _____ **(Last)** _____

Date of Birth: _____ **Age:** _____ **Grade:** _____ **(Last year in Greek School)**

Address: _____

City: _____ **State:** _____ **Zip:** _____

PARENT/ GUARDIAN EMERGENCY INFORMATION

Father's Name: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Cell Phone: _____

Cathedral Stewards: YES () NO ()

Signature of Parent or Guardian: _____ **Date:** _____

Please mail or email the completed form to the:

Annunciation Greek Orthodox Cathedral

Attn: Anastasia Moragianni, 162 Goddard Ave, Brookline, MA 02445 *or*

anastasia@bostoncathedral.org